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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
In re Application of <u>Group 1 et al.</u> Application Number <u>Filed 3/13/2001</u> For <u>Hydrogen Biomedical Articles</u> Art Unit <u>1615</u> Examiner <u>D. Nola Baron</u>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ <u>420</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,824</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
<u>April 13, 2004</u> Date		<u>Collen A. Beard</u> Signature
<u>404-373-5045</u> Telephone Number		<u>Collen A. Beard</u> Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

TRANSMISSION OF INFORMATION IS PROHIBITED BY 37 CFR 1.132(e). The information is required to obtain or retain a benefit by the party which is to file (and by the assignee, if any, under 37 CFR 3.73(b)). This information is estimated to take 0 minutes to complete. Estimated time burden per response: 0.00 hours.

ADDRESS: USPTO, Commissioner for Patents, P.O. Box 1450, Washington, DC 20231-1450FAX: (703) 355-1407 E-mail: PTO-SB-22@uspto.gov

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PAGE 2/9 * RCVD AT 4/13/2004 1:07:13 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:4043774015 * DURATION (mm:ss):04:32

P.O. Box 1084
Decatur, Georgia 30031-1084
Phone: 404.373.5065
collenbeard@earthlink.net

Law Office of Collen A. Beard, LLC**Fax****RECEIVED
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APR 13 2004

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To:	Examiner D'Nola Baron	From:	Collen A. Beard
Fax:	703-746-3054 - 972 9306	Date:	April 13, 2004
Phone:		Pages:	9
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Comments:**Response to Office Action**

Petition for 2 Mo. EOT + Credit Card Payment Form

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